

# SPECIAL EVENTS PROPOSAL FORM

Borough of Newtown  
23 North State Street  
Newtown, PA 18940  
Council Chambers 215-968-2109  
Council Chambers Fax 215-968-6338  
Police Department 215-860-7835

Persons/groups planning special events are required to submit this proposal application. This proposal must be submitted at least ninety (90) days prior to the proposed event. This will allow ample time for the Chief of Police and Council to review/approve at the next Council Meeting. There is an application fee of \$25 due at the time of submission of the application.

Submission Date \_\_\_\_\_ Meeting with Police Chief \_\_\_\_\_  
Date of Event \_\_\_\_\_ Rain Date \_\_\_\_\_

A. Brief description of Function/Event

\_\_\_\_\_  
\_\_\_\_\_

B. Name of Sponsor/Group

\_\_\_\_\_  
\_\_\_\_\_

C. Chairperson \_\_\_\_\_ Telephone \_\_\_\_\_  
Address \_\_\_\_\_

Committee \_\_\_\_\_ Telephone \_\_\_\_\_  
Committee \_\_\_\_\_ Telephone \_\_\_\_\_  
Committee \_\_\_\_\_ Telephone \_\_\_\_\_

D. Time of Event From \_\_\_\_\_ To \_\_\_\_\_

E. List Borough facilities involved \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

F. Is additional police manpower required? Yes \_\_\_\_\_ No \_\_\_\_\_  
If so, please explain \_\_\_\_\_

G. If additional police manpower is required the hourly rate per officer is \$60.00. Please make check payable to Borough of Newtown and send to the address above.

H. If this is a parade, please attach a drawing/written list of the parade route.

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I. Do any streets need to be blocked? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, please list the streets below and time required

Street _____	Time _____	From _____	To _____
Street _____	Time _____	From _____	To _____
Street _____	Time _____	From _____	To _____
Street _____	Time _____	From _____	To _____
Street _____	Time _____	From _____	To _____

J. I/we understand that if a **street is blocked**, the affected surrounding residents, businesses, and churches must be notified prior to the submission of this form. I/we will contact the following and notify them of date and time of closing. This would verify that no conflict exists with the scheduled event. (attach additional sheets if necessary)

Name _____	Person Contacted _____	Address _____
Name _____	Person Contacted _____	Address _____
Name _____	Person Contacted _____	Address _____
Name _____	Person Contacted _____	Address _____
Name _____	Person Contacted _____	Address _____
Name _____	Person Contacted _____	Address _____
Name _____	Person Contacted _____	Address _____
Name _____	Person Contacted _____	Address _____
Name _____	Person Contacted _____	Address _____

K. I/we certify that I/we have contacted the above and that no scheduling conflicts exist. I also understand that it is my/our responsibility to provide the Chief of Police with a valid Certificate of Insurance, a minimum of \$300,000. coverage, naming the Borough of Newtown as additional insured, for this event and the certificate is attached.

**Applicants must sign the affidavit below**

I/we \_\_\_\_\_, agree to hold the Borough of Newtown harmless for bodily injury or property damage resulting from acts during said function or activity. That the Borough of Newtown, by allowing this event or function, does not necessarily extend any insurance protection to cover this function or its participants. If the function is organized by volunteers who receive no pecuniary benefit, that the Borough of Newtown's liability insurance may or may not provide protection.

If the organizing group and/or its participants are volunteers, they may contact the Borough Secretary if they wish to determine whether such coverage is extended by the Borough's insurance.

L. Please provide a list of participants and/or vendors involved (please include Non-Profit Organizations)

Name _____	Address _____	Telephone _____
Name _____	Address _____	Telephone _____
Name _____	Address _____	Telephone _____
Name _____	Address _____	Telephone _____
Name _____	Address _____	Telephone _____

Please attach an additional list if more than five (5) vendors.

M. Is there a formal program that requires participation from any elected official/s? If so, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

N. I/we understand that it is my/our responsibility to contact the following emergency service organizations at least thirty (90) days prior to the event.

Borough Chief of Police  
Anthony Wojciechowski  
215-860-7835

Chief of the  
Newtown Fire Association  
215-968-3731

Chief of  
Newtown Ambulance Squad  
215-968-3500 Ext. 111

**SPECIFIC CONDITIONS AGREED UPON (if applicable)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I/we understand that it is my/our responsibility, when using the sidewalks, streets or parks of Newtown Borough for a special event or function, to provide large trash receptacles. They will be maintained and emptied periodically during the day and will be removed by the end of the day.

When the special event is held on the sidewalk or provides for the closing of State Street, it is my/our responsibility to install large trash receptacles next to each of the trash receptacles attached to the poles along State Street. These receptacles shall be maintained and emptied periodically during the event and will be removed by the end of the day. I/we have carefully read and fully understand the contents of this form and agree to comply with the requirements therein.

(Signature/s) \_\_\_\_\_

(Please print name/s here) \_\_\_\_\_

Date of Council Meeting \_\_\_\_\_

Approved/Denied by \_\_\_\_\_ Date \_\_\_\_\_

Comments

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Additional Requirements

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The Mayor will notify you of the approval/denial of your application.

Police Chief's comments and recommendations: \_\_\_\_\_

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